

# VENICE NEIGHBORHOOD COUNCIL

## Land Use and Planning Committee

### B. PROJECT INFORMATION FORM --To Be Used for Projects less than 7,500 square feet

**INSTRUCTIONS TO APPLICANT:**

1. Please E-mail this form with an electronic copy of your plans, preferably in PDF format, TEN days prior to your meeting date to [lupc@grvnc.org](mailto:lupc@grvnc.org). This form will assist the LUPC in evaluating you project.  
  
If LUPC does not receive these documents on or prior to 10 days before your meeting date, your project/issue will be postponed until the next available LUPC meeting.
2. Bring to the meeting TEN copies of your plans and renderings for The Committee. You may wish to bring additional copies for the audience.
3. The applicant is expected to outreach to residents and commercial enterprises within 500 feet of the project announcing the date of the LUPC hearing of the project and inviting public comment.

<b>1. PROJECT INFORMATION</b>
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Today's Date <u>10/22/07</u>	Meeting Date <u>11/7/07</u>
Project Location <u>529 Rose Ave.</u>	Cross Streets _____
Applicant Name <u>Oscar Hermosillo</u>	
Presenter Name <u>Patrick Panzerello</u>	

<b>2. PROJECT DESCRIPTION (General Description)</b>
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Pursuant to the provisions of Section 12.24-X,2 of the Los Angeles Municipal Code, a Conditional Use Exception to permit the sale and dispensing of beer and wine for on-Site consumption in a new 177 square foot outdoor patio area with seating for 12 Patrons. This is in conjunction with an existing 353 square-foot deli/market under new Ownership with an existing license for off site sales of beer and wine.

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<b>3. PROJECT BACKGROUND</b>
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Is Project located in the Venice Coastal Zone?	Yes	x	No	
	_____	_____	_____	
If Yes, in which Venice Specific Plan Sub-area	<u>111B141</u>			
In which of the following Venice Coastal Zone areas is your Project located? (please check)				
Venice Coastal Zone Specific Plan Area	_____	Dual Jurisdiction Zone	_____	
Status of Project (Select A or B)				
_____	A. Project is at a Preliminary/ Exploratory development state			
x				4/12/07
_____	B. Project Submitted to the City:	Application Date	_____	

Application Number \_\_\_\_\_

If you have a City Planning Hearing Date – please enter the date and location:

10/18/06

Date: \_\_\_\_\_

West Los Angeles Municipal Building

Location: \_\_\_\_\_

Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan?  Yes  No  If No, what Conditional Use, Variance, Venice Specific Plan

Exceptions or Other Discretionary Actions are you requesting?

**4. ZONING**

C4-1

What is the Current zoning? \_\_\_\_\_ Proposed zoning? \_\_\_\_\_

Is the Project compliant with the Community Plan Map? Yes  No

Is the location on a Venice Specific Plan Walk Street? Yes  No

**5. TYPE OF BUILDING**

\_\_\_\_\_ Business  Single Family   Mixed Use (Business/Residential)

\_\_\_\_\_ Apartments: \_\_\_\_\_ Units Permitted \_\_\_\_\_ Units Proposed

\_\_\_\_\_ Condos: \_\_\_\_\_ Units Permitted \_\_\_\_\_ Units Proposed

\_\_\_\_\_ Other – please explain: \_\_\_\_\_

Will the property be Owner Occupied? Yes \_\_\_\_\_ No

**6. SIZE**

Lot dimensions \_\_\_\_\_ Square footage of the lot \_\_\_\_\_

Improvements: Square footage permitted? \_\_\_\_\_ Square footage proposed? \_\_\_\_\_

Floor Area Ratio (FAR/Commercial): FAR permitted 353 FAR proposed 540

**7. HEIGHT**

Maximum Height Permitted \_\_\_\_\_

Height Proposed \_\_\_\_\_

Number of Stories \_\_\_\_\_

Basements or underground parking? Yes \_\_\_\_\_ No \_\_\_\_\_

**8. SETBACKS**

Required

Proposed

Front \_\_\_\_\_

\_\_\_\_\_

Side \_\_\_\_\_

\_\_\_\_\_

Rear \_\_\_\_\_

\_\_\_\_\_

**9. PARKING**

Number of parking spaces

Required \_\_\_\_\_ Proposed \_\_\_\_\_  
0

Is the parking?

On Site \_\_\_\_\_ Off Site \_\_\_\_\_<sup>x</sup> On & Off Site \_\_\_\_\_

Is Valet parking provided?

Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Spaces:

Standard \_\_\_\_\_ Compact \_\_\_\_\_

Configuration:

Side by Side \_\_\_\_\_ Single \_\_\_\_\_ Tandem \_\_\_\_\_

Is Beach Impact Zone Parking required?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what are the number of parking spaces required \_\_\_\_\_

Will your Project result in a loss of on-street parking?

Yes \_\_\_\_\_ No \_\_\_\_\_<sup>x</sup>

Existing market deli use adding drinking p[riveleges

**10. TRAFFIC**

Have you prepared a traffic study?

Yes \_\_\_\_\_ No \_\_\_\_\_<sup>x</sup> If Yes, please attach a copy.

Has the traffic study been reviewed by the Dept. of Transportation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach their findings.

**11. AFFORDABLE / LOW COST HOUSING COMPONENT**

Are you providing Affordable Housing / Low Cost Housing? n/a Yes \_\_\_\_\_ No \_\_\_\_\_

Is it required by the Venice Specific Plan and/or Mello Act? n/a Yes \_\_\_\_\_ No \_\_\_\_\_

Described how the units are being provided: No. of Units: \_\_\_\_\_ For Sale \_\_\_\_\_ Rental?

Are the units provided: On Site: \_\_\_\_\_ Off Site: \_\_\_\_\_ On/Off Site \_\_\_\_\_

## 12. ENVIRONMENTAL

Is an Environmental Impact Report (EIR) required? Yes \_\_\_\_\_ No  If Yes, please attach a copy.

## 13. BUSINESS INFORMATION

Name of business: Venice Beach Wines

Type of business: Wine retail and tasting with deli service

Hours of operation: 8:00 A.M – 10:00 P.M. Sun-Th; 8:00 A.M.—11:00P.M. Fri—Sat.  
7:00 A.M. through 11:00 A.M

Hours of delivery? \_\_\_\_\_

Will liquor be sold? Yes \_\_\_\_\_ No \_\_\_\_\_  Beer and wine only

## 14. CONTACT INFORMATION

Company Name \_\_\_\_\_

Contact Name Oscar Hermosillo

Mailing Address 719 Sunset Ave.

City, State, Zip Venice CA 90291

Phone/FAX (323) 810-0545

E-Mail/Web Site Oscarhermosillo2000@hotmail.com

I certify that the information contained in this Project Information Form is complete and true.

Name (please print) Oscar Hermosillo

Signature \_\_\_\_\_